			•	}	alication or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 /0/0/88)													
_		CLAIMS AS	S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		•	ASIC FEI		ОЯ	BASIC FEE	SEC.	
TOTAL CHARGEABLE CLAIMS			13 minus 20= "		•			X\$ 9=		OA	X\$18=		
INDEPENDENT CLAIMS			f minus 3 =			X4		X42=		OR	X84≈		
MULTIPLE DEPENDENT CLAIM PI			RESENT				-	140					
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+140+	<u> </u>	ÓП	+280=		
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	QЯ	TOTAL		
(Column 1) (Column 2) (Column 3)								5 M ALL	ENTITY	ÓЯ	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BEA DUGLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 17	Minus		20	-		X\$ 9=		OA	X\$18=		
	Independent		Minus		3_	-		X42=		ОЯ	X84≈		
Ľ	FIRST PRESE	NTATION OF M	JUI IPCE DE	ENDEN	CLAIM	Ц		+140=		OR	+280a		
2 ~ 41							<u> </u>	TOTAL		OR	TOTAL ADOIT FEE		
(P-204	(Column 1)		(Cotur	nn 2)	(Calumn 3)	AU	Off. FEE			AUOH. PEEI		
AMENDMENT B		CLAMS REMAINING AFTER AMENOMENT		HIGH NUM PREVIO PAID	BEA YUSUY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 6	Minus	* c	10	•		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MU	Minus	ENDENT	J	-		X42=		OR	X84=		
Щ	PHST FRESE	NIATON OF INC		Litociti	CLITAIN	ليسلط	۱ [،	140=		OR	+280=		
								TOTAL DIT. FEE		QЯ	TOTAL ADDIT, FEE	-	
		(Column 1)		(Colur	nn 2)	(Column 3)	~	W1, FEE			NOUI. FEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT	ি গৈছে _ ক	HIGH NUM PREVIO PAID	EST BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE	
	Total	•	Minus	••		•	,	(\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		•		X42=		OR	X84=		
ت	FIRST PRESE	NTATION OF ML	LTIPLE DEI	PENDENT	CLAIM		 -	140		•	+280=		
* If the entry in column 1 is test than the entry in column 2, write "0" in column 3. **If the entry in column 1 is test than the entry in column 2, write "0" in column 3. **If the "Fighest Number Previously Paid For" IN THIS SPACE is test than 30, enter "20." **The "Fighest Number Previously Paid For" IN THIS SPACE is test than 3, enter "3." **The "Fighest Number Previously Paid For" (fold or independent) is the highest number found in the appropriate box in column 1.													
FORM PTO-475 (Figure 2011) Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE												COMMERCE	